

Practitioner's Docket No. KE27-001



CP-3724

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Kennelly, John P.; Linn, Jack A.

Application No.: 09/109,830

Filed: 07/02/1998

For: Cutting Table Fence

Group No.: 3724

Examiner: C. Dexter

#8/Extension (new)
h.m. Morgan
6/7/00
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APR 26 2000
TECHNOLOGY CENTER 3700

Assistant Commissioner for Patents
Washington, D.C. 20231

TRANSMITTAL

Transmitted herewith are:

1. PTO Return Postcard Receipt
2. Transmittal w/Certificate of Mailing
3. Response to December 22, 1999 Office Action
4. 5 sheets red-line drawings (Figs. 1-4, 6-8)

STATUS

Applicant is a small entity. A statement was already filed.

EXTENSION OF TERM

The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)(1)-(4)) for one month:

Fee: \$55.00

If an additional extension of time is required, please consider this a petition therefor. **An extension for one month(s) has already been secured.** The fee paid therefor of \$55.00 is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$0.00

CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. 1.8(a))

I hereby certify that, on the date shown below, this correspondence is being:

MAILING

☒ deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

FACSIMILE

☐ transmitted by facsimile to the Patent and Trademark Office.

Date:

4/18/00

Signature

Karen S. Brasfield

Karen S. Brasfield

(type or print name of person certifying)

06/08/2000 LMORGAN 00000001 230925 09109830

01 FC:215

55.00 CH

(Amendment Transmittal—page 1 of 2)

FEE FOR CLAIMS

The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col.1)		(Col. 2)	(Col. 3)	SMALL ENTITY	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee
Total	18	Minus	20	= 0	x \$9 =	\$0
Indep.	3	Minus	3	= 0	x \$39 =	\$0
First Presentation of Multiple Dependent Claim					+ \$130 =	\$0
Total						Addit. Fee
						\$0

- * If the entry in Col. 1 is less than the entry in Col. 2, write "O" in Col. 3,
 - ** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 1) is less than 20, enter "20".
 - *** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 2) is less than 3, enter "3".
- The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

No additional fee for claims is required.

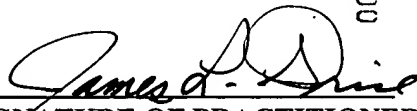
FEE PAYMENT

A check in the sum of \$55.00 was previously provided.

FEE DEFICIENCY

If any additional extension and/or fee is required, charge Account No. 23-0925.

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SIGNATURE OF PRACTITIONER
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